

HEALTH-RELATED QUALITY-OF-LIFE MEASURE (HRQOL-14)

Health Care and Aging Studies Branch
Division of Adult and Community Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

The 4-item set of health-related quality-of-life questions (HRQOL-4) below has been in continuous use in the state-based Behavioral Risk Factor Surveillance System (BRFSS) since January, 1993 (See <http://www.cdc.gov/nccdphp/brfss/>). As of the end of 1999, over 800,000 adults aged 18 and older have responded to these core BRFSS questions. Beginning in 2000, the HRQOL-4 are also asked in the National Health and Examination Survey (NHANES) for persons aged 12 and older. A related 10-item Quality-of-Life (QOL) module has also been available for optional use in the BRFSS since January 1995. When used together, the HRQOL-4 and the supplemental 10-item module form the expanded HRQOL-14 set of questions that many states and communities are now using in their surveys, providing a large public-domain source of HRQOL population data.

The CDC HRQOL-14 questions have been validated in several studies, including ones that have cross-validating the questions with the widely-used Rand Corporation's Medical Outcomes Study Short-Form 36 (SF-36). Results to date indicate that the HRQOL-14 questions, in spite of their brevity, predict short-term mortality and hospital utilization and have reasonably good criterion validity with respect to the SF-36 in both healthy and disabled populations. The BRFSS QOL questions significantly extend the utility of the BRFSS, now administered and used by all 50 states and the District of Columbia.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |

or

- | | |
|---------------------|---|
| e. Poor | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Do not
read these
responses

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)



Centers for Disease Control and Prevention
United States Department of Health and Human Services

- a. Number of days _ _
- b. None 88
- Don't know/Not sure 77
- Refused 99

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)

- a. Number of days _ _
- b. None **If Q. 2 also "None," skip next question** 88
- Don't know/Not sure 77
- Refused 99

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)

- a. Number of days _ _
- b. None 88
- Don't know/Not sure 77
- Refused 99



Supplemental Quality-of-Life Module

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

1. Are you LIMITED in any way in any activities because of any impairment or health problem?

a. Yes	1
b. No Go to Q. 6	2
Don't know/Not sure Go to Q. 6	7
Refused Go to Q. 6	9

2. What is the MAJOR impairment or health problem that limits your activities?

Do Not Read. Code Only One Category.

a. Arthritis/rheumatism	0 1
b. Back or neck problem	0 2
c. Fractures, bone/joint injury	0 3
d. Walking problem	0 4
e. Lung/breathing problem	0 5
f. Hearing problem	0 6
g. Eye/vision problem	0 7
h. Heart problem	0 8
i. Stroke problem	0 9
j. Hypertension/high blood pressure	1 0
k. Diabetes	1 1
l. Cancer	1 2
m. Depression/anxiety/emotional problem	1 3
n. Other impairment/problem	1 4
Don't know/Not sure	7 7
Refused	9 9

3. For HOW LONG have your activities been limited because of your major impairment or health problem?

Do Not Read. Code using respondent's unit of time.

a. Days	1 _ _
b. Weeks	2 _ _
c. Months	3 _ _
d. Years	4 _ _
Don't know/Not sure	7 7 7
Refused	9 9 9

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

a. Yes	1
b. No	2
Don't know/Not sure	7



- | | | |
|--|---------|---|
| | Refused | 9 |
|--|---------|---|
6. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?
- | | | |
|---------------------|-------|-----|
| a. Number of days | _____ | — |
| b. None | | 8 8 |
| Don't know/Not sure | | 7 7 |
| Refused | | 9 9 |
7. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?
- | | | |
|---------------------|-------|-----|
| a. Number of days | _____ | — |
| b. None | | 8 8 |
| Don't know/Not sure | | 7 7 |
| Refused | | 9 9 |
8. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?
- | | | |
|---------------------|-------|-----|
| a. Number of days | _____ | — |
| b. None | | 8 8 |
| Don't know/Not sure | | 7 7 |
| Refused | | 9 9 |
9. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?
- | | | |
|---------------------|-------|-----|
| a. Number of days | _____ | — |
| b. None | | 8 8 |
| Don't know/Not sure | | 7 7 |
| Refused | | 9 9 |
10. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?
- | | | |
|---------------------|-------|-----|
| a. Number of days | _____ | — |
| b. None | | 8 8 |
| Don't know/Not sure | | 7 7 |
| Refused | | 9 9 |

ENDQOLMOD.00Q

